**PATIENT FINANCIAL DISCLOSURE**

**Surgicore of Jersey City Surgical Center, LLC**

**550 Newark Avenue 5th fl**

**Jersey City, NJ 07306**

**(201) 795-0205**

Dear Patient:

Thank you for choosing to utilize the services of Surgicore of Jersey City Surgical Center, LLC,

for your elective, non-emergency service.

Pursuant to P.L.2018 c.32 (Out-of-Network Consumer Protection, Transparency, Cost Containment & Accountability Act), certain notification and disclosure is required by health care providers as follows:

Surgicore of Jersey City Surgical Center, LLC is in-network with Medicare.

For all other insurance plans, Surgicore of Jersey City Surgical Center, LLC is considered an out-of-network provider.

You acknowledge that disclosure of the out-of-network status of Surgicore of Jersey City Surgical Center, LLC was explained to you either verbally or in writing by their physician, and by the health care facility prior to the scheduling of your elective, non-emergency service.

As Surgicore of Jersey City Surgical Center, LLC is an out-of-network provider, you may have a financial responsibility- copay, co-insurance and/or deductible owed to the provider- Surgicore of Jersey City Surgical Center, LLC after your insurance carrier processes the claim, and in excess of the carrier’s allowed amount.

If you have any questions regarding this financial responsibility, you need to contact your insurance carrier for further consultation on the costs associated with the service.

An estimate of the cost of surgical services by CPT code is available upon request.

Please note that by signing this document, you acknowledge that you have reviewed the information above, understand the insurance status of Surgicore of Jersey City Surgical Center, LLC and you wish to proceed with your procedure(s).

Understood and Agreed

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: